

* = required field for entire application Please print LEGIBLY, in INK

FOR OFFICIAL USE ONLY
DO NOT write in this space)

REMINDER: This form MUST be completed by the applicant

* Birth Date: (mm/dd/yy) _____ * Last 4 digits of your social security #: _____

* FIRST NAME: _____ M.I. _____ * LAST NAME: _____

* HOME ADDRESS: _____
(or PO Box)

* CITY: _____ STATE: _____ ZIP CODE: _____

HOME PH: () CELL/MESSAGE PH: ()

* Where did you learn about this opportunity? ☐ School ☐ Ecology Website ☐ Other

Have you ever been convicted of a misdemeanor or felony? ☐ NO ☐ YES

* **WHEN and WHERE do you want to work?** The Northwest Regional Office will run summer crews in the locations and during the dates listed below. Please visit our website at <http://www.ecy.wa.gov/programs/swfa/eyc/nwro.html> for additional information. If you are available for either session or you have no preference, check BOTH. If hired, crew members work **ONLY** one session.

☐ Session 1: June 28 to July 24, 2007

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Whatcom | <input type="checkbox"/> East King |
| <input type="checkbox"/> Skagit | <input type="checkbox"/> North King (including Seattle north of I-90) |
| <input type="checkbox"/> Snohomish | <input type="checkbox"/> South King (including Seattle south of I-90) |
| <input type="checkbox"/> Kitsap | |

☐ Session 2: July 25 to August 17, 2007

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Whatcom | <input type="checkbox"/> East King |
| <input type="checkbox"/> Skagit | <input type="checkbox"/> North King (including Seattle north of I-90) |
| <input type="checkbox"/> Snohomish | <input type="checkbox"/> South King (including Seattle south of I-90) |
| <input type="checkbox"/> Kitsap | |

EMERGENCY CONTACT INFORMATION

* FIRST NAME: _____ * LAST NAME: _____

* RELATIONSHIP: (check one)

* ☐ check here if home address is the same as applicant, IF DIFFERENT FILL IN BELOW

☐ Parent

☐ Legal Guardian

☐ Other (explain) _____

ADDRESS (or PO Box): _____

CITY: _____ STATE: _____ ZIP: _____

* HOME PHONE: () CELL or WORK PHONE: ()

DO NOT DETACH

EQUAL OPPORTUNITY INFORMATION: In order to ensure equal employment opportunity, the Washington State Department of Ecology requests your voluntary cooperation by completing the following information. Your answers will be treated as confidential.

FIRST NAME: _____ M.I. _____ LAST NAME: _____ BIRTHDATE: ____ / ____ / ____
month / day / year

GENDER: ☐ Male ☐ Female

RACE / ETHNIC ORIGIN (check all that apply)

DISABLED? ☐ NO ☐ YES

☐ A – Native American

☐ M – Hispanic

☐ C – Asian/Pac Islander

☐ B – African American

☐ W – Caucasian

☐ Other _____

EDUCATION INFORMATION

* SCHOOL NAME: _____

* CURRENT GRADE LEVEL (year in school): _____

EMPLOYMENT HISTORY (List most recent employer first)

* Have you worked for the Ecology Youth Corps before? ☐ NO ☐ YES* If yes, when? Summer of _____
(You may work no more than TWO summers for EYC)

EMPLOYER #1 NAME: _____

Start date: _____

End Date: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: () _____

HOURS PER WEEK: _____

Name of immediate supervisor: _____

Specific Duties: _____

EMPLOYER #2 NAME: _____

Start date: _____

End Date: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: () _____

HOURS PER WEEK: _____

Name of immediate supervisor: _____

Specific Duties: _____

EXPERIENCE (Answer each question, to the best of your ability)

* Describe any skills or experience gained through volunteer work, community projects, or service organizations and include the dates and nature of the project or organization:

_____* Describe special skills or capabilities you have that relate to this job. Why should we hire YOU?

- * ☐ By checking this box, I certify that I filled out this application, and, to the best of my knowledge, the information provided is true and complete. I understand any false or misleading information may result in the rejection of my application or my termination if employed.
- * ☐ Checking this box means I understand my application will NOT be accepted unless TWO teacher references (using the Part 2 EYC application form) are also submitted with this Part 1 application, NO exceptions.
- * ☐ Checking this box means I understand my complete application (Part 1 and 2) must be received and be in the possession of the correct regional office by this deadline April 9, 2007. I understand late applications will not be accepted, NO exceptions.

*

Signature of APPLICANT (in INK)WHERE TO MAIL (or hand deliver) this APPLICATION and TWO TEACHER REFERENCES: (NO FAXES)Ecology Youth Corps, Attn: Linda Harris
3190 160th Ave SE Bellevue WA 98008-5452NOTE: Due to the large number of applications submitted, we are unable to interview everyone who applies. For more information, visit Ecology's website at: <http://www.ecy.wa.gov/programs/swfa/eyc/nwro.html>